

PROFESSIONAL INDEMNITY PROPOSAL FORM

IMPORTANT NOTICES

BINDER AGREEMENT

The contract of insurance is arranged by Winsure Underwriting Pty Ltd (ABN 68 169 336 252, AR No. 459637) ('Winsure') an Authorised Representative of Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) acting under a binder agreement as agent for the Insurer, certain Underwriters at Lloyd's.

DEFINED TERMS

Some words used in this Proposal Form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

PRIVACY STATEMENT

In this Privacy Statement the use of 'we', 'us' and 'our' means the Insurer and Winsure unless specified otherwise.

We are committed to protecting your privacy. We are bound by the obligations of the *Privacy Act 1988* (Cth). This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

We need to collect, use and disclose your personal information (which may include sensitive information) in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you.

Personal information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your insurance intermediary or co-insureds). If you provide personal information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

We may disclose the personal information we collect to third parties who assist us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia. In all instances where personal information may be disclosed to third parties who may be located overseas, we will take reasonable measures to ensure that the overseas recipient holds and uses your personal information in accordance with the consent provided by you and in accordance with our obligations under the *Privacy Act 1988* (Cth).

In dealing with us, you consent to us using and disclosing your personal information as set out in this Privacy Statement. This consent remains valid unless you alter or revoke it by giving written notice to Winsure's Privacy Officer. However, should you choose to withdraw your consent, we may not be able to provide insurance services to you.

Winsure's Privacy Policy which is available at www.winsure.com.au or by calling Winsure sets out how:

- Winsure protects your personal information;
- you may access your personal information;
- you may correct your personal information held by us;
- you may complain about a breach of the *Privacy Act 1988* (Cth) or Australian Privacy Principles and how Winsure will deal with such a complaint.

If you would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Winsure's Privacy Officer by:

Postal address: PO Box A2016, Sydney South NSW 1235

Phone: +61 2 9307 6656

Fax: +61 2 9307 6699

Email: privacyofficer@steadfastagencies.com.au

You can download a copy of Winsure's Privacy Policy by visiting www.winsure.com.au

CHANGE OF RISK OR CIRCUMSTANCES

You should advise Winsure as soon as practicable of any material change to your normal business as disclosed in the Proposal, such as changes in location, acquisitions and new overseas activities.

CLAIMS MADE AND NOTIFIED INSURANCE

This Policy provides cover on a claims – made and notified basis. This means that the Policy only covers claims first made against you during the period the Policy is in force and notified to us as soon as practicable in writing while the Policy is in force. The Policy may not provide cover for any claims made against you if at any time prior to the commencement of the Policy you became aware of facts which might give rise to those claims being made against you.

Section 40(3) of the *Insurance Contracts Act 1984* (Cth) provides that where you gave notice in writing to us of facts that might give rise to a claim against you as soon as was reasonably practicable after you became aware of those facts while the Policy is in force, we cannot refuse to pay a claim which arises out of those facts, when made, because it was made after the expiry of the Policy.

SUBROGATION

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the Policy that you will not seek to recover such loss or damage from that person, Winsure will not cover you, to the extent permitted by law, for such loss or damage.

RETROACTIVE DATE

The proposed insurance may be limited by a Retroactive Date. If so, the Policy does not cover any claims or facts/circumstances arising from any act, error or omission or conduct prior to such Retroactive Date.

INSTRUCTIONS TO PROPOSER

This Proposal is to be completed by a director, partner, principal or an authorized officer of the Insured, as the answers to the following questions will determine the acceptance or declination of coverage proposed. There is a duty on you as the proposing Insured to answer all questions accurately and fully as all statements shall form the basis of, and be incorporated into any contract of insurance which may be issued by Winsure.

Please answer all the questions fully. If there is insufficient space please provide further details on your letterhead. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".

Please attach the following to assist your proposal for insurance: (1) brochures, pamphlets, advertisements or other descriptive literature of your operations and/or services; (2) financial statement and/or annual report; and (3) copies of standard contract(s) with clients, if applicable.

PROPOSER'S DETAILS

Name of Insured ('You')

<input type="text"/>	<input type="text"/>
First name	Last name
<input type="text"/>	
Trading name (e.g. Company name Pty Ltd)	

Subsidiaries

<input type="text"/>
Please list all Subsidiaries

Address

<input type="text"/>		
Number, street address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode

Contact number

<input type="text"/>	<input type="text"/>
()	
Business phone	Mobile

Email

<input type="text"/>
Email

Website

<input type="text"/>
Website

ABN

<input type="text"/>	Registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>
Australian Business Number	GST % (if varied from 100%) <input type="text"/> %

Inception date

Please state the date of establishment / commencement

DD / MM / YYYY
Start date of the company

COMPANY INFORMATION

Directors, partners & principals

Full name	Qualification / association membership	How long as a director / principal / partner

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Professionally qualified staff

Name of professionally qualified staff	Qualifications & year obtained	Years with employer

Name of professionally qualified staff	Qualifications & year obtained	Years with employer

Staff - qualified & experienced category	Qualifications & year obtained	Years with employer

INCOME

a. Please state the Insured's gross professional fees over the periods stated. Include fees paid to sub-consultants appointed by the Insured. Exclude fees collected for disbursement to consultants appointed by the Insured's clients together with traveling accommodation or similar expenses reimbursed by the Insured's clients.

	Australia	Overseas
Estimated current year		
Prior financial year		
Previous financial year		

b. Please provide a percentage breakdown of the fee income by state or territory:

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O'Seas	Total
%	%	%	%	%	%	%	%	%	%

CLIENTS

Who were the business' 5 largest clients in terms of income to the business for the last 3 years?

1	\$
2	\$
3	\$
4	\$
5	\$

BUSINESS ACTIVITIES

Please give a full description of your Business Activities, including the percentage split each Business Activity represents of the overall gross income / fees.

Are you involved in any process of manufacture / construction / repair / alteration / installation / sale or supply of products other than in a pure consultancy capacity as described above? Yes No

If "Yes", please provide full details.

Do you use sub-contractors? Yes No

If "Yes", what steps do you take to check that sub-contractors employed by you hold adequate Professional Indemnity insurance?

What limit do you require them to carry? What percentage of your fees is paid to sub-contractors?

\$	%
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BUSINESS ACTIVITIES

Please provide full details including the type of work sub-contracted:

During the past 6 years, did you operate under a different name, or has any other business been purchased or any merger or consolidation taken place?

If "Yes", please supply details, including the names of the individuals or business involved and the date the business activity occurred and the date of variation.

Yes No

COVER / SCOPE

Indemnity

Please select the required Limit of Indemnity.

\$500,000
 \$1,000,000
 \$2,000,000
 \$5,000,000
 \$10,000,000

A. Does the company currently carry Professional Indemnity ('PI') insurance? Yes No

B. If the answer to A. is "No", has the company ever been so insured for PI insurance? Yes No

C. If the answer to A. or B. is "Yes", please supply the following:

\$	\$	
Amount of cover	Premium	When lapsed / Expiry date
Name of insurer	Retroactive Date	

Attach a copy of your most recent policy if possible.

EXTENSIONS

Do you require insurance for:

Principals of previous business Yes No

Fidelity Guarantee Yes No

If "Yes", how many employees do you have?

Employees

List any recognised associations of which you are a member:

YOUR PREVIOUS HISTORY

This section must be completed in full, after enquiry, of all principals, partners and directors of the business.

As far as is known, has the business insured / predecessors in business / principal / partner or director of the business ever:

been declined for similar insurance or ever had a similar insurance cancelled? Yes No

had any insurer decline any claims submitted? Yes No

had any insurer decline any Proposals submitted? Yes No

had ever been bankrupt? Yes No

been convicted of or charged with any civil or criminal offence? Yes No

If you answered "Yes" to any of the above, please provide full details (if insufficient room continue on page 8)

INSURANCE DECLARATION AND CLAIMS HISTORY

Have you or any other parties noted as the Insured ever had insurance refused or cancelled or has any insurance company ever imposed special terms, conditions or restrictions on your policies? Yes No

If "Yes", please provide full details.

Please detail all insurance claims or threats of action made against the business or any predecessors in business or any principal, partner or director during the last 5 years that fall within the scope of this type of insurance. Please include dates and amounts (including amounts paid in damages and costs separately) for all claims.

Is the business or any predecessors in business or any principal, partner or director aware, after enquiry, of any circumstances which may give rise to claim or have any reason to suspect that a claim might be made against them that would fall within the scope of the proposed insurance? Yes No

If "Yes", please provide full details.

ADDITIONAL SPACE IF REQUIRED

DECLARATION AND SIGNATURE BY PROPOSER

I declare that:

I have read and understood the Important Notices set out in the Proposal.

I am authorised to complete and sign this declaration on behalf of all the applicants.

I confirm that the answers and statements in this Proposal are true and correct and I have not withheld any information which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided.

I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.

I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract of insurance should a Policy be issued.

I further acknowledge that Winsure on behalf of the Insurer may decline this Proposal.

I consent to Winsure and the Insurer collecting, using, storing and disclosing personal information (including sensitive information) as set out in the Privacy Statement. Where I have provided personal information on behalf of another person I have complied with my obligations as set out in the Privacy Statement.

I have received or downloaded from the internet the Policy wording.

SIGNED

Name

Title / position

Signed

Dated